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**** CONTINUING DATA *******
 This application is a CON of 10/191,149 07/09/2002 PAT 6,897,206 which claims benefit of 60/304,089 07/09/2001
KG

**** FOREIGN APPLICATIONS *******
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IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****
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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>KG</i> Initials <i>KG</i>	STATE OR COUNTRY MI	SHEETS DRAWING 0	TOTAL CLAIMS 34	INDEPENDENT CLAIMS 9
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ADDRESS
21559

TITLE
Combinations for the treatment of inflammatory disorders

FILING FEE RECEIVED 3219	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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